

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031446

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 512 Registrar's No. 973

STATE FILE NUMBER

FILED AUG 19 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Faucett		c. CITY OR TOWN Faucett	
Length of stay in lb life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles south		d. STREET ADDRESS (If outside, give location) 3 miles south	
3. NAME OF DECEASED (Type or print) First Attie Middle May Last Troutman		4. DATE OF DEATH Month August Day 9 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-13-76
9. AGE (last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and state or country) Buchanan Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James H. Troutman		13b. MOTHER'S MAIDEN NAME Rachel F. Wright	
14. NAME OF HUSBAND OR WIFE F.E. Troutman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT F.E. Troutman Address Faucett, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		Unknown	
DUE TO (c) Arteriosclerosis		Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Dearborn, Missouri		
21. I attended the deceased from 6-20-63 to 8-9-63 and last saw her live on 6-20-63 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) J.L. Mothershead	
22b. ADDRESS 301 Illinois Ave. St. Joseph, Missouri		22c. DATE SIGNED 8-13-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-11-63	23c. NAME OF CEMETERY OR CREMATORY Williams Cemetery	23d. LOCATION (City, town, or county) (State) Dearborn, Missouri
24. FUNERAL DIRECTOR Vaughn-Aufreng ADDRESS Dearborn, Missouri		25. DATE RECD. BY LOCAL REG. Aug 15, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J.L. Mothershead, Registrar

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

1 5110

2 5110

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12 90-0

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no permit requested

OCT 29 1963

AUG 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. R. Jangle

Licensed Embalmer No. 4823

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.